MARYLAND STATE DEPARTMENT OF HEALTH

01577

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (In this place) Always. HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) OMER. (Middle) WILLIAM (Last) ALLEN

4. DATE OF DEATH: (Month) 2 (Day) 21 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: 7-3-1883

9. AGE last birthday: 69 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gas attendant

10b. KIND OF BUSINESS OR INDUSTRY: Gas station

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: John W allen.

14. MOTHER'S MAIDEN NAME: Isabell Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 233-07-3529.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

322.2 **Immediate cause** (a) Acute Heart failure

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) alcoholism.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. le Dodson (Degree or title) MD & DMD ADDRESS Rising Sun Md. DATE SIGNED 2-21-53

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE THEREOF 2-21-53; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Kenton, West Va.

DATE REC'D BY LOCAL REG. Feb 21; REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR H. W. Pippin & Son; ADDRESS Elkton Md.

RECEIVED
FEB 24 1953
BUREAU V. S.

Item 13 FilmG152 3/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH 01578

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: CECIL; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Naspeth, Long Island
STREET ADDRESS (If rural, give location): 6141 55th Drive

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Kenneth | Thomas | BARTH | 2 | 7 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | 8-23-32 | 20 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Marine | | U.S.A. | U.S. |

13. FATHER'S NAME: No Information John E. Barth
14. MOTHER'S MAIDEN NAME: Unknown

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| Yes | 121-24-6791 | Navy I.D. Card |

18. MEDICAL CERTIFICATION

| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|
| 825X Immediate cause (a) COMPOUND FRACTURE OF SKULL | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) FRACTURED LEFT FEMUR | |
| (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes [X] No [ ] |

| 21. EXTERNAL CAUSE WAS PRIMARY [X] or CONTRIBUTING [ ] CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | Highway | Elkton R.D. | Cecil | Maryland |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work [ ] Not while at work [X] | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| 2 | 7 | 53 | 0205 m. | | Result of Automobile Accident |

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X] Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X] suicide [ ], homicide [ ], undetermined [ ].*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| A.L. Dodson M.D. Dn C | | Penny Lane Md | 2-7-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal & Burial | 2-9-53 | St. Johns Cemetery | Middle Village, Queens, N.Y. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2-9-53 | Dorothy B. Brankle | Lee Patterson & Son | Lee Perryville, Md. |

VS. A15A

RECEIVED
FEB 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01579

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) PETER (Last) BEAMER
4. DATE OF DEATH: (Month) 2 (Day) 23 (Year) 1953
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married
8. DATE OF BIRTH: 6-27-1876
9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): General Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: Martha Beamer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Gerald Beamer Elkton RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Acute Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED

R. A. Dodson M.D. | Rising Sun Md | 2-23-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 2-27-53 | NAME OF CEMETERY OR CREMATORY Otto Presbyterian | LOCATION (City, town, or county) (State) Otto Greenbrier Co. W. Va.

DATE REC'D BY LOCAL REG. 2-25-53 | REGISTRAR'S SIGNATURE Sarah E. Rothermel | 24. FUNERAL DIRECTOR ADDRESS Joseph R. Trent North East Md

VS. A15A

RECEIVED
FEB 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (15580)

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Richmond Hill

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) E. (Last) Bines

4. DATE OF DEATH: (Month) 2 (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Aug. 7, 1875

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Moulder

10b. KIND OF BUSINESS OR INDUSTRY: Stove Foundry

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George F. Bines

14. MOTHER'S MAIDEN NAME: Eliza Ellet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Edward Bines, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 334X (a) Cerebral Sclerosis — Interval Between Onset And Death: 3 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio-Sclerosis — 10 yrs

DUE TO

(c) Chronic Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10-1953 to 2-25-1953, that I last saw the deceased alive on 2-25, 1953 and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) E. F. Emerson, M.D. — ADDRESS Port Deposit Md — DATE SIGNED 2/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 3-1-1953 — NAME OF CEMETERY OR CREMATORY Asbury — LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Mar 1, 1953 — REGISTRAR'S SIGNATURE Ida M. Daugherty Asst Reg.

24. FUNERAL DIRECTOR Wm A. Patterson & Son. — ADDRESS Perryville, Md.

VS. A15

RECEIVED
MAR 3 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 581

# CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS North East R.D #1

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE N.C COUNTY Ash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crumpler
STREET ADDRESS (If rural, give location) —

**3. NAME OF DECEASED: (Type or Print)** (First) Thomas (Middle) Newton (Last) Blevins

**4. DATE OF DEATH:** (Month) 2 (Day) 3 (Year) 1953

**5. SEX:** M.

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) Widower

**8. DATE OF BIRTH:** Dec. 14, 1860

**9. AGE last birthday:** 92 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer (Owner)

**10b. KIND OF BUSINESS OR INDUSTRY:** Farming

**11. BIRTHPLACE** (State or foreign country): Crumpler N.C.

**12. CITIZEN OF WHAT COUNTRY:** U.S.A.

**13. FATHER'S NAME:** Hugh Blevins

**14. MOTHER'S MAIDEN NAME:** Polly Brown

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** D.B Dixon Northeast Rd #1

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

1514

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1953, to 2-1, 1953; that I last saw the deceased alive on 2-1, 1953 and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE AND DEGREE OR TITLE: H.L Dodson M.D. ADDRESS: Rising Sun Md DATE SIGNED: 2-3-53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: 2/7/53 — NAME OF CEMETERY OR CREMATORY: Szott Cemetery — LOCATION (City, town, or county) (State): Ash N.C.

DATE REC'D BY LOCAL REG.: Feb 4-53 — REGISTRAR'S SIGNATURE: Sarah E. Rothermel

**24. FUNERAL DIRECTOR** AND ADDRESS: H. Walter de Boer Jr. Elkton, Md.

VS. A15 8-51

RECEIVED
FEB 9 1953
BUREAU V. S.

Item 8: film G151 3-6-53 L

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE (1853)

## CERTIFICATE OF DEATH

Reg. Dist. No. 92

**1. PLACE OF DEATH:**
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 310 Pennsylvania Ave

**3. NAME OF DECEASED:** (Type or Print) (First) JOHN (Middle) E (Last) BOYLE

**4. DATE OF DEATH:** (Month) February (Day) 13 (Year) 1953

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | married | March 17-1880 | 72 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| R.R. Conductor (retired) | R.R. | Maryland | U.S.A. |

**13. FATHER'S NAME:** Lewis Boyle

**14. MOTHER'S MAIDEN NAME:**

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|---|
| No | | 716-01-7784A | Hospital Records |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 151X Immediate cause | (a) Carcinoma of lung | 2 mos. |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) carcinoma of Stomach | 1 year |
| DUE TO | | |
| | (c) Gastric ulcer | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. I hereby certify that I attended the deceased from Dec, 1952, to 2/13, 1953, that I last saw the deceased alive on 2/13/53, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Herbert Bates M.D. ADDRESS Elkton Md DATE SIGNED 2/13/53

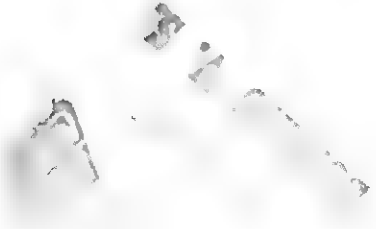
| 23. BURIAL, CREMATION, REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 2-16-53 | West Nottingham | Colora Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 14 | F.R. Frazer | J.E. Tynon | Rising Sun Md |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 9x

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY: Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital.

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md. COUNTY: Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural near Chesapeake City,
STREET ADDRESS (If rural, give location): St Agustine Road

**3. NAME OF DECEASED:** (Type or Print) (First) Florence (Middle) E (Last) Briscoe

**4. DATE OF DEATH:** (Month) Feb. (Day) 5, (Year) 1953

**5. SEX:** F.

**6. COLOR OR RACE:** Wh.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Widowed.

**8. DATE OF BIRTH:** Nov. 7, 1887

**9. AGE** Last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home

**10b. KIND OF BUSINESS OR INDUSTRY:** Home wife.

**11. BIRTHPLACE** (State or foreign country): Chesapeake City

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Curtis Sitler

**14. MOTHER'S MAIDEN NAME:** Agnes Whitehead.

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Morris J Vane Ches City, Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Acute Cardiac dilatation | 3 hours |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) DUE TO Chronic hypertensive cardiovascular disease | 3 years |
| | (c) DUE TO | |

443X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 50 to Feb 5, 1953, that I last saw the deceased alive on Feb 4, 1953, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: Hans Tvons (DEGREE OR TITLE) MD ADDRESS Chesapeake City Md DATE SIGNED 2/5/53

**23. BURIAL, CREMATION / REMOVAL** (Specify): Burial

DATE THEREOF: Feb 8/53

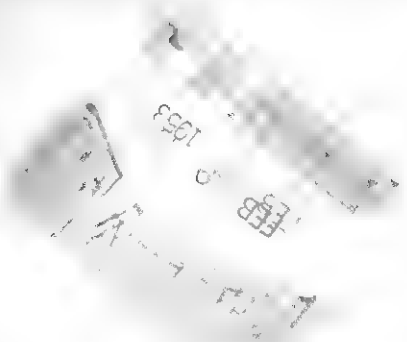
NAME OF CEMETERY OR CREMATORY: Bethel

LOCATION (City, town, or county) (State): Nr Chesapeake City, Md

DATE REC'D BY LOCAL REG.: Feb 6

REGISTRAR'S SIGNATURE: H R Frazer

**24. FUNERAL DIRECTOR** ADDRESS: Hutchins & Son Elkton, Md



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

**1. PLACE OF DEATH:**

COUNTY: Cecil County — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton — LENGTH OF STAY (in this place): Life

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE: Md — COUNTY: Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chesapeake City Md.

STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED (Type or Print):** (First) Emily (Middle) [illegible] (Last) Charsha

**4. DATE OF DEATH:** (Month) 2 (Day) 26 (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | married | Nov 28, 1905 | 47 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| housewife | | Chesapeake City, Md. | U.S.A. |

**13. FATHER'S NAME:** Arlington L. Lloyd

**14. MOTHER'S MAIDEN NAME:** Mary Elizabeth Murphy

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT & ADDRESS |
|---|---|---|
| | | Milton Charsha Port Deposit Md. |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Right Hemiplegia (complete Stroke | 2 weeks |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Hypertension C.V. disease | unknown |
| DUE TO | | |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/19, 1953, to 2/25, 1953, that I last saw the deceased alive on 2/25/53, 1953, and that death occurred at 2:10 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Harry W. Davis M.D. — ADDRESS Chesapeake City Md — DATE SIGNED 2/28/53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | March 2, 1953 | Bethel Cemetery | near Chesapeake City, Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Mar 2 | H. B. Frazer | H. W. Pippin and Son | Elkton |

Items 8,9 FilmG151 3/2/53 whw

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(11 7 6

## CERTIFICATE OF DEATH

Reg. Dist. No. 92

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

**1. PLACE OF DEATH**
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cealton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

**2. USUAL RESIDENCE (HOME) OF DECEASED**
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cealton
STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print): (First) DUDLEY (Middle) (Last) CLOUGH

**4. DATE OF DEATH**: (Month) Feb (Day) 19 (Year) 1953

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Nov 1918 ~~87~~

**9. AGE** last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer

**10b. KIND OF BUSINESS OR INDUSTRY**: Farmer

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13. FATHER'S NAME**: Frank Morris

**14. MOTHER'S MAIDEN NAME**: unknown Clough

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If year, give war or dates of service): no

**16. SOCIAL SECURITY NO.**: none

**17. INFORMANT AND ADDRESS**: Jane V Clough Cealton Md

**18. MEDICAL CERTIFICATION**

**I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH**

153X

Immediate cause (a): Carcinoma ascending colon with

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): metastases to liver and glands of abdomen

(c):

INTERVAL BETWEEN ONSET AND DEATH: 7 ..

**II. OTHER SIGNIFICANT CONDITIONS**
Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION**: 2-6 1952

**19b. MAJOR FINDINGS OF OPERATION**: Carcinoma colon — liver and abdom lymph

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify):

**PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

**TIME OF INJURY** (Month) (Day) (Year) (Hour) m.

**INJURY OCCURRED** While at Work ☐ Not While At work ☐

**HOW DID INJURY OCCUR?**

**22.** I hereby certify that I attended the deceased from Feb 3, 1953 to Feb 18, 1953 that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 5:30 P m., from the causes and on the date stated above.

SIGNATURE: Leon R. Buckley (Degree or title) M.D. ADDRESS: The Fair-view DATE SIGNED: Feb 20 53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE: Feb 22 1953 — NAME OF CEMETERY OR CREMATORY: Palmer Cem — LOCATION (City, town, or county) (State): Palmer Md

DATE REC'D BY LOCAL REG: Feb 22-1953 — REGISTRAR'S SIGNATURE: Mrs Howard A. Cheyney

**24. FUNERAL DIRECTOR**: Edward Pellock — ADDRESS: Millington Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

6158

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
LENGTH OF STAY (in this place): 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. NAVAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: OHIO — COUNTY: CLARKE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Springfield
STREET ADDRESS (If rural give location): Rt. #6

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) VICTOR (Last) COLVIN, JR.

4. DATE OF DEATH: (Month) 2 (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-23-32

9. AGE last birthday: 20 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired). ---

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN VICTOR COLVIN, SR.

14. MOTHER'S MAIDEN NAME: ELOISE ELIZABETH GARRETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) 1952 -1953

16. SOCIAL SECURITY No.: 276308509

17. INFORMANT & ADDRESS: Health Record & Service Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0

Immediate cause (a) Massive Gastro-Intestinal Hemorrhage with irreversible shock — Interval Between Onset And Death: 1-1/2 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Gastric Ulcer — 6 mos.

DUE TO

(c) Post-operative segmental resection

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-27-53

19b. MAJOR FINDINGS OF OPERATION: Inflammatory ulcerative lesion of stomach

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 1953, to 2-9, 1953, that I last saw the deceased alive on 2-9, 1953, and that death occurred at 0730, from the causes and on the date stated above.

SIGNATURE (Degree or title): R. W. Dilworth — R. W. DILWORTH LTMCUSN

ADDRESS: U.S.N.H. Bainbridge, Md.

DATE SIGNED: 2-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 2-10-53

NAME OF CEMETERY OR CREMATORY: Private Cemetery

LOCATION (City, town, or county) (State): Springfield, Clarke, Ohio

DATE REC'D BY LOCAL REGISTRAR: 2-10-53

REGISTRAR'S SIGNATURE: Dorothy B. Bamble

24. FUNERAL DIRECTOR: Lee A. Patterson & Son

ADDRESS: Springfield, Md.

Item 14 FilmG152 3/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY CECIL; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 21 72nd Street, Brooklyn, N. Y.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) L. (Last) D'Agostino

4. DATE OF DEATH: (Month) 2 (Day) 7 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-18-28

9. AGE last birthday: 24 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Marine

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Peter D'Agostino

14. MOTHER'S MAIDEN NAME: Unknown Josephine D'Agostino

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 077-20-7462

17. INFORMANT AND ADDRESS: Navy I. D. Card

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

825 Immediate cause (a) FRACTURED BASE OF SKULL

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CRUSHED CHEST

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway (CITY OR TOWN) Elkton, R.D. (COUNTY) Cecil (STATE) Maryland

TIME OF INJURY (Month) 2 (Day) 7 (Year) 53 (Hour) 0205

INJURY OCCURRED While at work [ ] Not while at work [X]

HOW DID INJURY OCCUR? Result of Automobile Accident.

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ] accident [X] suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) R L Rodaer MD ADDRESS Dome Penny Lane Md. DATE SIGNED 2-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal & Burial; DATE THEREOF 2-10-53; NAME OF CEMETERY OR CREMATORY Cypress Hill Cemetery; LOCATION (City, town, or county) Queens, Queens Co. (State) N.Y.

DATE REC'D BY LOCAL REG. 2-9-53; REGISTRAR'S SIGNATURE Lucretia B. Trimble

24. FUNERAL DIRECTOR Wm A. Patterson & Son ADDRESS Corfu, N.Y.

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

02349

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woody mills Rural
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Conn. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Torrington
STREET ADDRESS (If rural, give location) 530 Prospect.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| William | Jr | Donahue | 2 | 20 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE Last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | White | Married | 9-12-1911 | 41 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Paper Stock | Waste Paper. | Waterbury Conn. | U.S.A. |

13. FATHER'S NAME Wm Joseph Donahue
14. MOTHER'S MAIDEN NAME Christine Moore.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 043-09-1392
17. INFORMANT AND ADDRESS Birth Certif.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

119X **Immediate cause** (a) Fractured Cervical Vertebra

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured base of skull

(c) & Crushed left side chest

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 40 | (CITY OR TOWN) Perryville | (COUNTY) Cecil | (STATE) Md. |
|---|---|---|---|---|

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| 2 | 20 | 53 | 9:40 a.m. | | Ran into rear of truck |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| A L Dodson MD. DOR E | Rising Sun Md | 2-20-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 2/24/53 | New St. Josephs | Waterbury Conn. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 20 1953 | Ida M. Daugherty act Reg. | Cummings Son & Dorsey | Elkton Md |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 01588 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Perry Point, Maryland
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia — COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington, D.C.
STREET ADDRESS (If rural give location) 814½ 11th Street, N.E.,

3. NAME OF DECEASED: (Type or Print) (First) WILLIE (Middle) (Last) EDWARDS

4. DATE OF DEATH: (Month) Feb. (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1918

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR Months 2 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Snow Hill, North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Edwards

14. MOTHER'S MAIDEN NAME: Hattie Suggs

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY No.: 577-18-6127

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Insufficiency — Interval Between Onset And Death: Approx. 24 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Idiopathic Myocarditis & Cardiomegaly — Approx. 24 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1953, to Feb. 2, 1953, and that death occurred at 4:35 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VA — ADDRESS VAH, Perry Point, Md. — DATE SIGNED 2-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 2-5-53 — NAME OF CEMETERY OR CREMATORY Snow Hill Cemetery — LOCATION (City, town, or county) (State) Snow Hill, North Carolina

DATE REC'D BY LOCAL REGISTRAR FEB 5 1953 — REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg.

24. FUNERAL DIRECTOR JOHN T. RHINES & Co., 901 Third Street, S.W. Washington, D.C. — ADDRESS JOHN T RHINES-CO

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point, Maryland
LENGTH OF STAY (in this place) 9 yr 8 mos 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania — COUNTY Venango
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oil City
STREET ADDRESS (If rural give location) 204 Clarion Street

3. NAME OF DECEASED: (Type or Print) (First) ANTHONY (Middle) J (Last) EISMONT

4. DATE OF DEATH: (Month) Feb. (Day) 19 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 14, 1895

9. AGE last birthday: 57 yrs.
IF UNDER 1 YEAR: Months 9 Days 5
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Foundry Worker

10b. KIND OF BUSINESS OR INDUSTRY: Iron Foundry

11. BIRTHPLACE (State or foreign country): Ozeay, Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN EISMONT Deceased

14. MOTHER'S MAIDEN NAME: ROSE (maiden name unknown) deceased

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491X

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset And Death: 10 Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Generalized Arteriosclerosis, Moderate — 15 Years

DUE TO Open Reduction Pertrochantric Fracture, Right

(c) Femur, with Internal Fixation. — 16 Days

II OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-17-53

19b. MAJOR FINDINGS OF OPERATION: Manipulation and cast.

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I VA attended the deceased from Jun 7 ,19 43 , to Feb 19 , 1953 , deceased

and that death occurred at 1:00 PM , from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) M.D., Chief, Professional Services, ADDRESS VAH, Perry Point, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Removal
DATE THEREOF 2-22-53
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 2/24/53
REGISTRAR'S SIGNATURE Ida M. Dougherty
FUNERAL DIRECTOR ADDRESS PENNINGTON & SON, Havre de Grace, Md.

VS. A15

FEB 26
AU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

## CERTIFICATE OF DEATH

Reg. Dist. No. 97

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A45 8-51

**1. PLACE OF DEATH:**
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton — LENGTH OF STAY (In this place) 18 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Penna COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkview
STREET ADDRESS (If rural, give location) R.D.

**3. NAME OF DECEASED:** (Type or Print) (First) Clarance (Middle) G (Last) Fairlamb

**4. DATE OF DEATH:** (Month) Feb (Day) 13 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED** (Specify) Widowed

**8. DATE OF BIRTH:** Oct 9, 1865

**9. AGE last birthday:** 87 yrs. — IF UNDER 1 YEAR: Months 4, Days 22 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Harford Co Md

**12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13. FATHER'S NAME:** Thomas F. Grier

**14. MOTHER'S MAIDEN NAME:** Eliza Monks

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service) V

**16. SOCIAL SECURITY NO.:** V

**17. INFORMANT & ADDRESS:** Elizabeth Reynolds Elkton Pa

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.0

Immediate cause (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5yrs+

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Generalized Arteriosclerosis (Senile) — 5yrs+

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis — Unknown

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 Dec, 1952, to 13 [illegible] 1953, that I last saw the deceased alive on 13 Feb., 1953, and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE George Klein, Jr. (DEGREE OR TITLE) MD ADDRESS Elkton, Md DATE SIGNED 13 Feb 53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF 2-18-53 — NAME OF CEMETERY OR CREMATORY Oxford — LOCATION (City, town, or county) Oxford (State) Penna

DATE REC'D BY LOCAL REG. Feb 13 — REGISTRAR'S SIGNATURE H R Yeager

**24. FUNERAL DIRECTOR** H. W. Pippin & Son — ADDRESS Elkton Md

born 1/29/53 12 days old

MARYLAND STATE DEPARTMENT OF HEALTH

0159

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton; MARYLAND; LENGTH OF STAY (In this place) 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City RD #1; STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| ALBERT | A Cornelia | GARNETT | 2 | 10 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days / Hours | If under 24 hrs.: Min. |
|---|---|---|---|---|---|---|
| F. | Col. | Single | 12/29/53 | 1/29/53 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Infant | | Elkton Md. | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Donald Garnett | Mary Ridgeway |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Donald Garnett, Chesapeake City |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

603X

Immediate cause (a) Septicemia.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pyelitis & Pyonephrosis

(c) Infected right kidney.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R L Woodson MD D M E | | Rising Sun Md | 2-10-53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb. 14, 1953 | Md. Nat. Colored Cemetery | Chesapeake City RD#1 Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 11 | T. H. S. ragen | H. W. Pippin & Son | Elkton Md. |

VS. A15A

20131954 06

01592

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural | LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ewing Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora Rural
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MINNIE | | GREGSON | Feb. | 11 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Female | white | Single | Aug. 30. 1870 | 82 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Retired Practical Nurse | Around in private homes | Ireland | U. S. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| William Gregson | Betsy Curtle |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| | | Maud Ewing Colora Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 42 | | |
| Immediate cause | (a) Anuria | 2 wks. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Arteriosclerotic heart disease | 10 + yrs |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from Jan., 1951, to Feb., 1953, that I last saw the deceased alive on Feb 11th, 1953, and that death occurred at 9 A.M., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Neil R Carlson | MD | Rising Sun Md. | 2/13/53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Burial | Feb. 14. 1953 | Moores Chapel | Near Elkton | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 13-1953 | Emma Purington | Joseph Grant | North East. Md. |

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 91

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. — COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middletown Rural.
STREET ADDRESS (If rural, give location) Near Middletown

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) R. (Last) GUESSFORD
4. DATE OF DEATH: (Month) 2 (Day) 20 (Year) 1953
5. SEX: M. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married | 8. DATE OF BIRTH: March 1, 1910 | 9. AGE last birthday: 42 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tenant Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Delaware
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Nathaniel
14. MOTHER'S MAIDEN NAME: Nellie Neff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 222-10-6011
17. INFORMANT AND ADDRESS: Mrs. Mollie Guessford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976 X
Immediate cause (a) 22. Rifle bullet into Brain
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) through the mouth.
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office building, etc.) OF INJURY Woods. | (CITY OR TOWN) Chesapeake City, (COUNTY) Cecil (STATE) Md.
TIME OF INJURY (Month) 2 (Day) 20 (Year) 53 (Hour) ? m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Shot self with rifle 22.C.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. L. Dodson M.D. DME Perryman Md 2-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 2/24/53 | NAME OF CEMETERY OR CREMATORY Townsend | LOCATION (City, town, or county) (State) Townsend, New Castle, Del

DATE REC'D BY LOCAL REG. Feb 23 | REGISTRAR'S SIGNATURE Mrs Rachel H. Reed | 24. FUNERAL DIRECTOR H. Walter Jr Boyer | ADDRESS Elkton, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

FEB 26 1953
U. S.

0159

# MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceciltn Rural — LENGTH OF STAY (In this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ceciltn Rural
STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH | (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|---|
| | Elizebeth | | Hessey. | | 2. | 16 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| F. | White | Widow | 2-11-1864 | 88 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | Own home | Delaware | U S A. |

13. FATHER'S NAME unknown.

14. MOTHER'S MAIDEN NAME Amelia Ford.

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|---|
| No | | | Howard Henry Earlville Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

**Immediate cause** (a) Myocarditis Acute Coronary

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| | | |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R L Dodson M D D M E | | Rising Sun Md | 2-17-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb 20 1953 | Bethesda | Galena Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 20-1953 | Muskwell W. Cheyney | Edward F. Williams | Millington Md. |

Items 18-21 Film G151 2-16-53 ams
Item 18 Film G151 2-24-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; LENGTH OF STAY in this place: 7 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1134 So. B Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point; STREET ADDRESS (If rural, give location): 1134 So. B Ave.

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| MERYdith | ALston | HIGGINS | 2 | 9 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M. | White | Married | 10-4-1913 | 39 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Supt Laundry | Supt Laundry | Marietta, Ohio | U.S.A. |

13. FATHER'S NAME: Walter M. Higgins

14. MOTHER'S MAIDEN NAME: Frances C. Merydith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Annie Theo Higgins, Perry Point, Md.

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

53X

**Immediate cause** (a) Acute Cardiac Dilatation — Interval Between Onset and Death:

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Anaphylaxis (Penicillin)

(c) Nature of illness: Stiff neck & cold.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☐ No ☒ |

| 21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN): Perry Point | (COUNTY): Cecil | (STATE): Md. |
|---|---|---|---|---|

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at work ☐ | Not while at work ☒ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|---|
| 2 | 9 | 53 | 12 37 p.m. | | | Given 600000 Units Penicillin |

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R.L. Dodson | M.D. - D.M.E. | Rising Sun Md | 2-9-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR ~~CREMATORY~~ | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 2-12-1953 | Union Memorial | Rockville, Montgomery Co. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb. 11, 1953 | Ida M. Daugherty act Reg. | Lewis A. Patterson & Son. | Perryville, Md. |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 0115 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point
LENGTH OF STAY (in this place) 10yrs.4mo.5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Richmond,
STREET ADDRESS (If rural give location) 319 N. 23rd

3. NAME OF DECEASED: (First) WERTA (Middle) T. (Last) JOHNSON
4. DATE OF DEATH: (Month) February (Day) 3 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 23, 1886
9. AGE Last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Private duty nursing
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew F. Johnson - Deceased
14. MOTHER'S MAIDEN NAME: Orfa W. Worsham - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset And Death |
|---|---|---|
| Immediate cause | (a) Lobar Pneumonia | 3 days |
| Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. | DUE TO (b) Arteriosclerotic heart disease | Approx. 20 yrs. |
| | DUE TO (c) Generalized arteriosclerosis | Approx. 20 yrs. |

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility. Renal Cyst, left. — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-29-1942, to 2-3-1953, that I last saw deceased alive on and that death occurred at 7:19 a.m., from the causes and on the date stated above.

SIGNATURE E. P. Brannon (Degree or title) E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. ADDRESS DATE SIGNED 2-6-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 2-5-53 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Feb 6 1953 — REGISTRAR'S SIGNATURE Ida M. Daugherty — 24. FUNERAL DIRECTOR ADDRESS Pennington & Son PENNINGTON & SON, Havre de Grace, Md.

not Reg.

VS. A15

FEB
U.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]59

# CERTIFICATE OF DEATH

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
MARYLAND LENGTH OF STAY (in this place): 20 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge Balto. Co.
STREET ADDRESS (If rural give location): U. S. Naval Hospital ✓

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) KINSEY

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ---

8. DATE OF BIRTH: 2-15-53

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min. 20

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MAX R. KINSEY

14. MOTHER'S MAIDEN NAME: SUE CAROL SIMMONS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: ----

17. INFORMANT & ADDRESS: Fa: MAX R. KINSEY, 1614 Eutaw Pl. Balto., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

7615

Immediate cause (a) Prematurity

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Premature labor

DUE TO

(c) Breech Presentation

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15 ,19 53, to 2-15-53 , 19 , that I last saw the deceased alive on 2-15 19 53, and that death occurred at 0825 , from the causes and on the date stated above.

SIGNATURE (Degree or title): V. M. REIST, LCDR USN ADDRESS: U. S. NAVAL HOSPITAL, BAINBRIDGE, MD. DATE SIGNED: 2-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2-16-53 NAME OF CEMETERY OR CREMATORY: West Nottingham Cemetery LOCATION (City, town, or county) (State): Colora, Cecil, Maryland

DATE REC'D BY LOCAL REGISTRAR: 2-16-53 REGISTRAR'S SIGNATURE: Dorothy B. Brambl

24. FUNERAL DIRECTOR: Lee A. Patterson & Son ADDRESS: Perryville, Md.

2022171321

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-7

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0159

## CERTIFICATE OF DEATH

Reg. Dist. No. 97

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Cecil |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge — LENGTH OF STAY (In this place): 2 days | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital | STREET ADDRESS (If rural, give location): |

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| PAMELLA | ANN | LUCE | 2 | 24 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Single | 2-22-53 | yrs. | 2 | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| ---- | ---- | Maryland | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Roy H. Luce | Margaret E. Newberry |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| ---- | ------ | Bainbridge Village FA: Roy H. Luce, Bldg. 918, Apt. 6 |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

795.7

**Immediate cause** (a) NEO-NATAL DEATH, CAUSE UNKNOWN

**Antecedent cause(s)**

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes ☒ No ☐ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| | | | | |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| m. | | |

22. I hereby certify that I attended the deceased from 1-22, 1953, to 1-24, 1953, that I last saw the deceased alive on 1-24, 1953, and that death occurred at 0200 m., from the causes and on the date stated above.

| SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|
| D. B. Nicholson LTJG MC USNR | U.S.N.H. BAINBRIDGE, MD. | 2-24-53 |

DONALD B. NICHOLSON, LTJG MC USNR

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Removal | 2-24-53 | Lakeview Cemetery | Jamestown, Chautauqua, N.Y. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2-24-53 | Dorothy B. Brumble | LEE A. PATTERSON & SON | PERRYVILLE, MD. |

202325406

Lee A. Patterson & Son

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton - Md. — LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 113 Bridge St -

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Franklin (Last) McKnight Sr
4. DATE OF DEATH: (Month) Feb. (Day) 10th (Year) 1953

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE Last Birthday: yrs. | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Widower | June 17-1857 | 95 | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boat Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecil Co - Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Alexander McKnight
14. MOTHER'S MAIDEN NAME: Sophia Lullon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: son T. H. McKnight - M.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 450.c | | |
| Immediate cause | (a) Uremia | 5 days |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Arteriosclerosis | 15 yrs |
| DUE TO | | |
| | (c) Hypertrophy of Prostate | unknown |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 Feb, 1953, to 10 Feb, 1953, that I last saw the deceased alive on 10 Feb, 1953, and that death occurred at 8:05 P m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) George J Knear Jr. M.D. ADDRESS Elkton Md DATE SIGNED 2/11/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Feb. 13, 1953
NAME OF CEMETERY OR CREMATORY Cherry Hill Cemetery
LOCATION (City, town, or county) (State) Cherry Hill Md

DATE REC'D BY LOCAL REG. Feb 12
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR — ADDRESS H. W. Peppin & Son Elkton Md

Item 9 FilmG151 2/19/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Md. — LENGTH OF STAY (in this place) transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Oxford RD # 2 COUNTY Chester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxford, Penna.
STREET ADDRESS (If rural, give location) none

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| Thomas | Pool | Miller | 2 | 9 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min. |
|---|---|---|---|---|---|---|
| M | W | | 11/14/78 | 75 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Labor | Horticulture | Md. Co. Pa. | USA |

13. FATHER'S NAME John Miller — 14. MOTHER'S MAIDEN NAME Sara Pool

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Marshall S. Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.0 Immediate cause (a) Myocardial Infarction — 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic heart disease — 10 plus yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐ |
|---|---|---|
| | | |

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/9, 1953, to 2, 19....., that I last saw the deceased alive on 2/9, 1953 and that death occurred at 9:30 P.M., from the causes and on the date stated above.

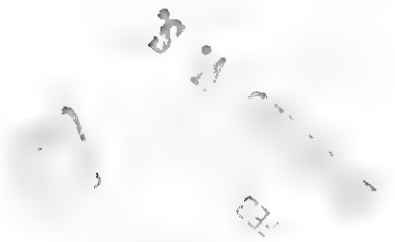
SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jno R Taylor M.D. Rising Sun Md. 2/9/53

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Feb 3 1953 | New London Presb Cem | New London Chester Co Pa |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2-3-53 | Lem Worthington | Ralph McReed | Rising Sun, Md. |

VS. A15



Items 11,13 RilmG152 3/24/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

1601

Reg. Dist. No. 97

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: New York; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kingston
STREET ADDRESS (If rural, give location): 417 Hererock Ave. (Hardock)

| 3. NAME OF DECEASED (Type or Print) | (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|---|
| | Thomas | Edward | Nassar | 2 | 7 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| Male | White | Single | 2-10 35 | 17 yrs. | | | | |

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USMC
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Service
11. BIRTHPLACE (State or foreign country): Kingston N.Y.
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Stephen Hugh Nassar (Deceased) Available
14. MOTHER'S MAIDEN NAME: Annett Nassar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: S. D. Carlson
U. S. NAVAL HOSPITAL, BAINBRIDGE, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.1

Immediate cause (a): Fracture 6th Cervical Vertebrae

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Fracture 4th Dorsal Vertebrae

(c): Paralysis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway
(CITY OR TOWN): Elkton, R. D.
(COUNTY): Cecil
(STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (P.M.): 2 7 53 0205
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision Car and truck

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Allen Dodson MD DMC
ADDRESS: Rising Sun Md
DATE SIGNED: 2-8-53

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 2-9-53 | St. Marys Cemetery | Kingston Ulster County | N.Y. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| 2-9-53 | Dorothy L. Brumble | Lewis Patterson & Son | Perryville, Md. |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 1602 / 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Cecil — MARYLAND Elkton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital, Elkton

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Chesapeake City - R.D.
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED:** (Type or Print) (First) GEORGE (Middle) FRANKLIN (Last) PIERCE

**4. DATE OF DEATH:** (Month) Feb (Day) 16 (Year) 19 53

| 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| male | W | married | Dec 18, 1887 | 65 yrs. | | | | |

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY:** Peanuts
**11. BIRTHPLACE** (State or foreign country): Md
**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Charles Pierce
**14. MOTHER'S MAIDEN NAME:** Clara Dickson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)
**16. SOCIAL SECURITY NO.:**
**17. INFORMANT & ADDRESS:** Mrs Tabitha Pierce - Chesapeake City Md

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 490X Immediate cause | (a) Lobar Pneumonia | 2 days - |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | DUE TO (b) | |
| | DUE TO (c) | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

**22.** I hereby certify that I attended the deceased from Feb 15, 19 53 to Feb 16, 19 53, that I last saw the deceased alive on Feb 16, 19 53, and that death occurred at 9:35 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) M.D. ADDRESS Chesapeake City Md DATE SIGNED 2/18/53

**23.** BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 19 1953 — NAME OF CEMETERY OR CREMATORY Warwick Cemetery — LOCATION (City, town, or county) Warwick — (State) Md

DATE REC'D BY LOCAL REG. Feb 18 — REGISTRAR'S SIGNATURE H R Frazer

**24.** FUNERAL DIRECTOR J. Kistler Daniels — ADDRESS Middletown

VS. A15—8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Elkton — LENGTH OF STAY (in this place) 21 hrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital Elkton Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elk Mills - Md — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) Herbert (Last) Price

4. DATE OF DEATH: (Month) Feb (Day) 3 (Year) 1953

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: June 22-1884 — 9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail merchant — 10b. KIND OF BUSINESS OR INDUSTRY: Gen Store — 11. BIRTHPLACE (State or foreign country): Cecil Co- Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Price — 14. MOTHER'S MAIDEN NAME: Catherine Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — 16. SOCIAL SECURITY No.: — 17. INFORMANT & ADDRESS: His widow Mrs W. H. Price

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Chronic Myocarditis unknown — Interval Between Onset and Death: about 2 yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Arteria-sclerosis — Interval: unknown

DUE TO

(c) Hemiplegia (R) — Interval: 6 yrs ago

42

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19..., to Feb 3, 1953, that I last saw the deceased alive on Feb 3, 1953, and that death occurred at 12.53 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) W. H. McKnight - M.D ADDRESS Elkton - Md DATE SIGNED Feb 3-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Feb 6/53 — NAME OF CEMETERY OR CREMATORY Gilpin Manor Mem Pk — LOCATION (City, town, or county) (State) Elkton, Md

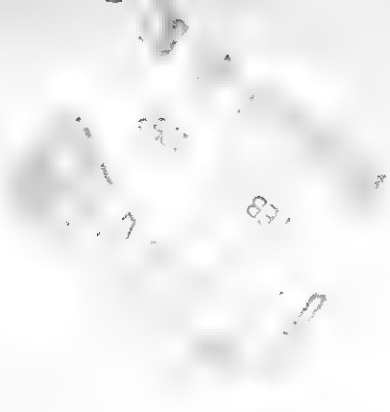
DATE REC'D BY LOCAL REG. Feb 6 — REGISTRAR'S SIGNATURE H R Frazer

24. FUNERAL DIRECTOR H W Gilpin & Son — ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51



Item 18 Film G151 3-3-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

1604

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hacks Point — MARYLAND — LENGTH OF STAY (In this place)* Inno — HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 Fairfield Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hacks Point — STREET ADDRESS (If rural, give location) 224 Fairfield Ave

3. NAME OF DECEASED (Type or Print): (First) FREDRICK. (Middle) CARLYLE (Last) PROCTOR.

4. DATE OF DEATH: (Month) 2 (Day) 16 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-4-52.

9. AGE last birthday: 0 yrs. — If under 1 year: Months 3 Days 12 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elkton Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Hector Albert Proctor

14. MOTHER'S MAIDEN NAME: Leila Esther Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Leila Esther Proctor, Hacks Point Md

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Suffocation - Vomited — Interval between onset and death:

9210

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. L. Dodson M.D. (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 2-16-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Feb. 18 1953 — NAME OF CEMETERY OR CREMATORY: Elkton — LOCATION (City, town, or county): Elkton (State): Md

DATE REC'D BY LOCAL REG.: Feb 18-53 — REGISTRAR'S SIGNATURE: Mrs Howard W. Cheyney

24. FUNERAL DIRECTOR: Edward Kellar — ADDRESS: Millington Md

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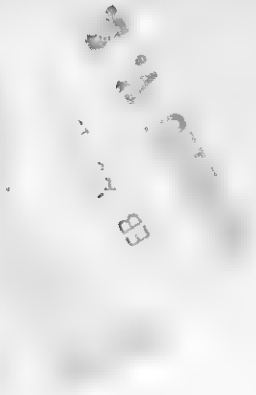


MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A13

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

(160.)

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R.F.D#3 — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) R. F. D. # 3

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) PURNELL

4. DATE OF DEATH: (Month) Feb. (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9/30/1895

9. AGE last birthday: 57 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tube Roller

10b. KIND OF BUSINESS OR INDUSTRY: Cont. Tube Co.

11. BIRTHPLACE (State or foreign country): Elkton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Purnell

14. MOTHER'S MAIDEN NAME: Sarah Heath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I

16. SOCIAL SECURITY NO.: 214-16-5250

17. INFORMANT AND ADDRESS: Kathryn Purnell 107 Bridge St Elkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

461X

Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Influenza — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 25, to 2/16, 1953, that I last saw the deceased alive on 2/13, 1953, and that death occurred at 1/30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert Bailey M.D. Elkton, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Feb 18, 1953 | NAME OF CEMETERY OR CREMATORY: Elkton Cemetery | LOCATION (City, town, or county) (State): Elkton, Md.

DATE REC'D BY LOCAL REG.: Feb 17 | REGISTRAR'S SIGNATURE: F. K. Teague

24. FUNERAL DIRECTOR ADDRESS: K. N. Pippin & Son Elkton, Md.

105

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
LENGTH OF STAY (in this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: Md — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ELKTON
STREET ADDRESS (If rural, give location): RD 4

**3. NAME OF DECEASED:** (First) BENJAMIN (Middle) H. (Last) REED

**4. DATE OF DEATH:** (Month) Feb (Day) 18 (Year) 1953

**5. SEX:** Male

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED.** (Specify): Single

**8. DATE OF BIRTH:** Aug 1 1877

**9. AGE last birthday:** 75 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farm Laborer

**10b. KIND OF BUSINESS OR INDUSTRY:** Farming

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA.

**13. FATHER'S NAME:** Benjamin M Reed

**14. MOTHER'S MAIDEN NAME:** Christie McVey

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No — (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:** None

**17. INFORMANT & ADDRESS:** Maple Lynch, Elkton, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Pulmonary Edema | 1 day |
| DUE TO | | |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Fractured femur | 3 days |
| DUE TO | | |
| | (c) Cardio vascular renal | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify): accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home — (CITY OR TOWN): Providence — (COUNTY): Cecil — (STATE): Md

TIME OF INJURY (Month) 2 (Day) 14 (Year) 53 (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? fall while standing

22. I hereby certify that I attended the deceased from 2/14, 1953, to 2/18, 1953, that I last saw the deceased alive on 2/18, 1953, and that death occurred at 9:10 A.m., from the causes and on the date stated above.

SIGNATURE: J Herbert Baker — (DEGREE OR TITLE) M.D. — ADDRESS: Elkton Md — DATE SIGNED: 2/18/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF: 2-21-53 — NAME OF CEMETERY OR CREMATORY: Bay View Meth Cemetery — LOCATION (City, town, or county) (State): North East RD2 Md

DATE REC'D BY LOCAL REG.: Feb 20 — REGISTRAR'S SIGNATURE: H R Frazer

**24. FUNERAL DIRECTOR:** Joseph R. Grant — ADDRESS: North East Md.

VS-A15 8-51

RECEIVED
FEB 24 1953
AU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

## FOR MEDICAL EXAMINERS

1650

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 3 days — HOSPITAL OR INSTITUTION OR STREET ADDRESS Union-Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Darlington — STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| JAMES | A | REED | 2. | 24 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| M | White | Div. U. | 10-28-1895 | 57 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY |
|---|---|---|---|
| Retired Fisherman | | Queen Ann Co Md. U.S.A. | |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Robert Reed. | Mary H. Casey. |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | | Frank Reed Crompton Md. |

### 18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 420.1

**Immediate cause** (a) Cerebral Thrombosis

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary disease

(c) Pulmonary congestion

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| | | Yes [X] No [ ] |

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work [ ] Not while at work [ ] — HOW DID INJURY OCCUR?

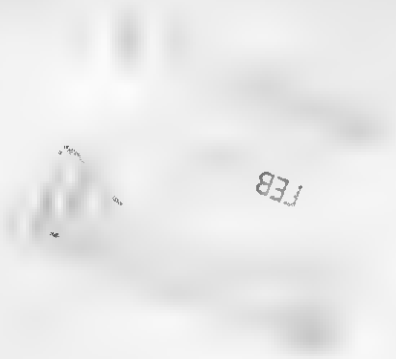
22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X] accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| R L Dodson MD DM E | | Rising Sun Md | 2-25-53 |

| 23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| Removal | 2/25/53 | Charlestown | Stillpond | Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 25 | H R Frazer | H. W. Pippin & Son | Elkton, Md |

D.T.



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

**1. PLACE OF DEATH:**
COUNTY Cecil. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Elkton.
LENGTH OF STAY (in this place) 1 hr.
HOSPITAL OR INSTITUTION, OR STREET ADDRESS Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Md. COUNTY Cecil.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location) Md

**3. NAME OF DECEASED:** (Type or Print) (First) Anna (Middle) Grace (Last) Robson

**4. DATE OF DEATH:** (Month) Feb. (Day) 5, (Year) 1953

**5. SEX:** F.

**6. COLOR OR RACE:** Wh.

**7. SINGLE, MARRIED, WIDOWED, DIVORCED,** (Specify): Married

**8. DATE OF BIRTH:** Jan 31, 1880

**9. AGE** last birthday: 73 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Home

**10b. KIND OF BUSINESS OR INDUSTRY:** Housework

**11. BIRTHPLACE** (State or foreign country): New York State

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** Joseph P. Fish

**14. MOTHER'S MAIDEN NAME:** Margaret Watson

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Mrs Grace Robinson Elkton Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic myocarditis — 2 years

DUE TO

(c)

420.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:** **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

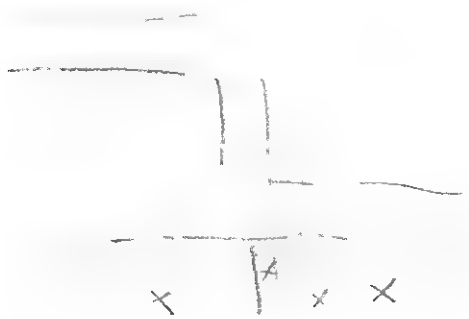
22. I hereby ~~certify~~ that I attended the deceased from Jan, 1934, to Feb. 5, 1953, that I last saw the deceased alive on Feb. 5, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE Harry Morris M.D. (DEGREE OR TITLE) ADDRESS Chesapeake City Md DATE SIGNED 2/5/53

**23. BURIAL, CREMATION, REMOVAL** (Specify): Burial — DATE THEREOF Feb 9/53 — NAME OF CEMETERY OR CREMATORY Little Church Cemt — LOCATION (City, town, or county) Mr Gorham (State) Md.

DATE REC'D BY LOCAL REG. Feb 6 — REGISTRAR'S SIGNATURE H R Frazer

**24. FUNERAL DIRECTOR** H W Pippin & Son — ADDRESS Elkton, Md.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C 1601

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**

COUNTY Cecil — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton

LENGTH OF STAY (in this place) 6 Days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**

STATE Md COUNTY Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East

STREET ADDRESS (If rural, give location)

| 3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print) | 4. DATE OF DEATH: (Month) (Day) (Year) | 5. SEX: | 6. COLOR OR RACE: | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: | 9. AGE last birthday: | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min. |
|---|---|---|---|---|---|---|---|---|---|---|
| James Albert Roney Sr. | 2 - 26 - 1953 | Male | White | Married | 2-25-1883 | 70 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Postmaster. | | Maryland | USA |

| 13. FATHER'S NAME: | 14. MOTHER'S MAIDEN NAME: |
|---|---|
| James Roney | Lucy Lowe |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: |
|---|---|---|
| No | None | Mrs J. Albert Roney Jr North East Md |

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

| | | Interval Between Onset and Death |
|---|---|---|
| 420.1 Immediate cause | (a) Coronary Thrombosis | 5 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last | (b) Hypertensive Cardiovascular Renal Disease DUE TO | 5 yrs. + |
| | (c) — DUE TO | |

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

| 19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | — | — | — | — |

| TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|
| — M. | — | — |

22. I hereby certify that I attended the deceased from May, 1946, to 26 Feb, 1953, that I last saw the deceased alive on 26 Feb, 1953, and that death occurred at 10:45A m., from the causes and on the date stated above.

| SIGNATURE | (DEGREE OR TITLE) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Hans H Thulow | M.D. | North East Md | 27 Feb '53 |

| 23. BURIAL, CREMATION REMOVAL (Specify): | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | 3-1-1953 | Methodist | North East Cecil Co Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 27 | H R Frazer | Joseph R Frank | North East, Md |

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

01610

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit RD 3 Pye; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) LUZERN (Last) Smith

4. DATE OF DEATH: (Month) 2. (Day) 17 (Year) 1953

5. SEX M. | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower | 8. DATE OF BIRTH 12-9-1866 | 9. AGE last birthday 86 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired) Retired Farmer | 10b. KIND OF BUSINESS OR INDUSTRY owner | 11. BIRTHPLACE (State or foreign country) New York | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Chauncey Smith | 14. MOTHER'S MAIDEN NAME Charity M. Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS Phillip B Smith, Port Deposit Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 **Immediate cause** (a) Chronic myocarditis

**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & Cortico sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

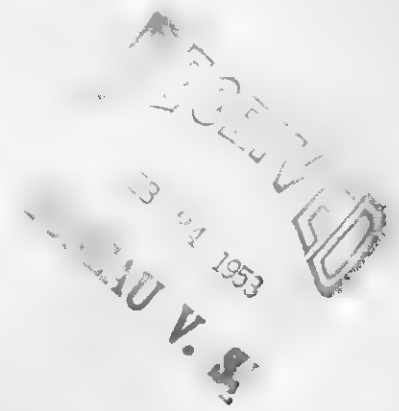
SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

R L Dodson MD DMD Rising Sun Md — 2-17-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 2-20-1953 | NAME OF CEMETERY OR CREMATORY Raymond Hill | LOCATION (City, town, or county) (State) Carmel, Putnam Co. Pa.

DATE REC'D BY LOCAL REG. Feb. 18, 1953 | REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg | 24. FUNERAL DIRECTOR ADDRESS — Lew A. Patterson & Son, Perryville, Md.

VS. A15A



MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1bA

1. PLACE OF DEATH: COUNTY Cecil; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton R D I; LENGTH OF STAY (In this place) 2 1/2 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) SONDRA. (Middle) DIANE (Last) WARD

4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 1953

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 8-6-1950

9. AGE last birthday: 2. yrs. If under 1 year: Months 0 Days 23 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North East Md.

12. CITIZEN OF WHAT COUNTRY: U S A.

13. FATHER'S NAME: Bertram C Ward Jr.

14. MOTHER'S MAIDEN NAME: Edna Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bertram C Ward Jr. Elkton R D I Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

925.8 Immediate cause (a) Suffocation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rock buried child face into sand.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Roadbank (CITY OR TOWN) Elkton R D I (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) 2 (Day) 1 (Year) 53 (Hour) 1:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Rock slid down bank on child

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R L Dodson (Degree or title) MD DME ADDRESS: Rising Sun Md. DATE SIGNED: 2-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 2-4-1953 NAME OF CEMETERY OR CREMATORY: Methodist LOCATION (City, town, or county): North East, Cecil (State): Md

DATE REC'D BY LOCAL REG.: 2-4-53 REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS: North East Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01612

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville, Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural
STREET ADDRESS (If rural give location) R D 1

**3. NAME OF DECEASED:** (Type or Print) (First) Bertha (Middle) (Last) Whitelock

**4. DATE OF DEATH:** (Month) February (Day) 22 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** Single

**8. DATE OF BIRTH:** Nov. 6, 1870

**9. AGE last birthday:** 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired: House work

**10b. KIND OF BUSINESS OR INDUSTRY:** Own Home

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Sylvester J. Whitelock

**14. MOTHER'S MAIDEN NAME:** Hannah E. Smith

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) No (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Wilson Whitelock, Perryville, Md, Rural

**18. MEDICAL CERTIFICATION**

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
4272
Immediate cause (a) Chr. Myocarditis -
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death 10 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. Bronchitis 12 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ... ..., 19..., to Feb. 22, 1953 that I last saw the deceased alive on Feb 22, 1953, and that death occurred at 3.15 P.M., from the causes and on the date stated above.

SIGNATURE E. Bevan, M.D. (Degree or title) ADDRESS Port Deposit, Md DATE SIGNED 2/24/53

23. BURIAL, CREMATION, REMOVAL: (Specify) Burial

DATE THEREOF 2-25-1953

NAME OF CEMETERY OR ~~CREMATORY~~ St. Marks

LOCATION (City, town, or county) (State) Perryville, Md. Rural

DATE REC'D BY LOCAL REGISTRAR Feb 25 1953

REGISTRAR'S SIGNATURE Ida M. Daugherty act. Reg.

24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0461

# CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**1. PLACE OF DEATH:**
COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital - Elkton Md

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake City
STREET ADDRESS (If rural, give location)

**3. NAME OF DECEASED: (Type or Print)** (First) IVA (Middle) BELLE (Last) WILLIAMS

**4. DATE OF DEATH:** (Month) Feb (Day) 2nd (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** W

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)** Widowed

**8. DATE OF BIRTH:** Nov 4, 1886

**9. AGE last birthday:** 66 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Housewife

**10b. KIND OF BUSINESS OR INDUSTRY:**

**11. BIRTHPLACE** (State or foreign country): Maryland

**12. CITIZEN OF WHAT COUNTRY?**

**13. FATHER'S NAME:** William Bennett

**14. MOTHER'S MAIDEN NAME:** Mary Stuckley

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) (If Yes, give war or dates of service)

**16. SOCIAL SECURITY NO.:**

**17. INFORMANT & ADDRESS:** Mrs Helen Vanhorn Middletown, Del

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

603X
**Immediate cause** (a) Uremia — Interval between onset and death: 5 days
DUE TO
**Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Chronic Nephritis — 5 years
DUE TO
(c) One Kidney removed - 12 years ago.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

**19a. DATE OF OPERATION:**

**19b. MAJOR FINDINGS OF OPERATION:**

**20. AUTOPSY?** Yes ☐ No ☐

**21. ACCIDENT / SUICIDE / HOMICIDE** (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 11.44 P.m., from the causes and on the date stated above.

SIGNATURE Henry Davis (DEGREE OR TITLE) MD ADDRESS Chesapeake City Md DATE SIGNED 2/4/53

**23. BURIAL, CREMATION REMOVAL** (Specify): Burial
DATE THEREOF Feb 6, 1953
NAME OF CEMETERY OR CREMATORY Bethel Cemetery
LOCATION (City, town, or county) Chesapeake City (State) Md
DATE REC'D BY LOCAL REG. Feb 4
REGISTRAR'S SIGNATURE J R Frazer

**24. FUNERAL DIRECTOR** Walter A Reinicke ADDRESS Middletown Del

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01614

# CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

**1. PLACE OF DEATH:**
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 4yrs.6mo.20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

**2. USUAL RESIDENCE (HOME) OF DECEASED:**
STATE: District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural give location): 5906 - 13th St., N.W.

**3. NAME OF DECEASED (Type or Print):** (First) MARY (Middle) G. (Last) WILSON

**4. DATE OF DEATH:** (Month) February (Day) 9 (Year) 1953

**5. SEX:** Female

**6. COLOR OR RACE:** White

**7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):** Widowed

**8. DATE OF BIRTH:** 7-26-1899

**9. AGE last birthday:** 52 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

**10a. USUAL OCCUPATION** Give kind of work done during most of working life, even if retired): Nurse

**10b. KIND OF BUSINESS OR INDUSTRY:** Private duty nursing

**11. BIRTHPLACE** (State or foreign country): Washington, D.C.

**12. CITIZEN OF WHAT COUNTRY?** USA

**13. FATHER'S NAME:** Claiborne Cox - Deceased

**14. MOTHER'S MAIDEN NAME:** Ruth Mayhugh - Deceased

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

**16. SOCIAL SECURITY NO.:** Unknown

**17. INFORMANT & ADDRESS:** Hospital Records, VAH, Perry Point, Md.

**18. MEDICAL CERTIFICATION**

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 24 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

**11. OTHER SIGNIFICANT CONDITIONS** Conditions contributing to the death but not related to the disease or condition causing death. Schizophrenic reaction, paranoid type

**19a. DATE OF OPERATION:** 2-6-53

**19b. MAJOR FINDINGS OF OPERATION:** Right lower lobe lobectomy, tuberculoma

**20. AUTOPSY?** Yes ☐ No ☒

**21. ACCIDENT / SUICIDE / HOMICIDE (Specify)** — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) VA m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-20, 1948, to 2-9, 1953, and that death occurred at 4:42 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. BRANNON, M.D. Chief, Professional Services, VAH, Perry Point, Md. 2-10-53

**23. BURIAL, CREMATION, REMOVAL (Specify):** Removal — DATE THEREOF: 2-10-53 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR: Feb 11, 1953 — REGISTRAR'S SIGNATURE: Ida M. Daughtry act'g Reg.

24. FUNERAL DIRECTOR — ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
FEB 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01615

# CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY CECIL — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ELKTON — LENGTH OF STAY (in this place) 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS UNION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY CECIL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NORTH EAST
STREET ADDRESS (If rural give location)

| 3. NAME OF DECEASED (Type or Print) (First) | (Middle) | (Last) | 4. DATE OF DEATH (Month) | (Day) | (Year) |
|---|---|---|---|---|---|
| GEORGE | L. | WINGATE | 2 | 11 | 1953 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months | Days | If under 24 hrs. Hours | Min. |
|---|---|---|---|---|---|---|---|---|
| MALE | WHITE | MARRIED | 6-11-1879 | 73 yrs. | | | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| HARDWARE | STORE OWNER | BALTIMORE | USA |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| EDWARD WINGATE | SARAH MARSHALL |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT |
|---|---|---|
| No | NONE | ESTHER W. WINGATE |

18. MEDICAL CERTIFICATION

| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| 592 Immediate cause | (a) Coronary Thrombosis | 3 days |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Uremia | 3 days |
| | (c) Chronic Interstitial Nephritis | ? |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | — | |

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? |
|---|---|---|
| — | — | Yes ☐ No ☒ |

| 21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
|---|---|---|---|---|
| — | — | — | — | — |

| TIME OF INJURY (Month) | (Day) | (Year) | (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |
|---|---|---|---|---|---|
| — | — | — | — m. | | — |

22. I hereby certify that I attended the deceased from 9 Jan, 1953, to 11 Jan, 1953, that I last saw the deceased alive on 11 Jan, 1953, and that death occurred at 5:03 P. m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| Klaus H Hauber | M.D. | North East Md | 13 Feb '53 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) | (State) |
|---|---|---|---|---|
| BURIAL | 2-14-53 | METHODIST | NORTH EAST CECIL | Md |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Feb 13 | F H Frazer | Joseph R Hamm | North East Md |

RECEIVED
FEB 16 1953
BUREAU V. S.